Submission Deadline:
August 31, 2026

Tobacco Claims Canada
Claims Administrator
P.O. Box 2958 STN B
Ottawa ON K1P 5W9

Quebec Class Action Administration Plan (QCAP)
TOBACCO-VICTIM CLAIM FORM

GENERAL INSTRUCTIONS

Submit Your Claim Online:
You can scan the QR code or visit
www.TobaccoClaimsCanada.ca
to file your claim. If you file your claim online, it must be submitted by **11:59 p.m., Eastern, on August 31, 2026.**

A completed Claim Form, along with any required accompanying documents, must be submitted to the Claims Administrator by **no later than the deadline of August 31, 2026 by 11:59 p.m., Eastern,** to receive financial compensation from the Quebec Class Action Administration Plan (the "**QCAP Plan**").

You do not need a lawyer to submit a claim in the QCAP Plan. Proactio, the QCAP Agent, has been mandated to help you submit your claim, at no additional cost to you. If you need any assistance, please reach out to Proactio at the following contact information:

Phone: 1-888-880-1844

Email: tabac@proactio.ca

Website: www.RecoursTabac.com

The QCAP Plan and Eligibility Criteria

The QCAP Plan will provide compensation to individuals who meet the QCAP Eligibility Criteria, described below, and who submit a complete Claim Form, along with any required supporting documents, by the deadline. Such individuals are referred in the QCAP Claim Forms as **"Tobacco-Victims"** collectively, and a **"Tobacco-Victim"** individually.

The QCAP Plan will also provide compensation to the estates or heirs of Tobacco-Victims who **died after November 20, 1998**, as well as to the estates or heirs of the heirs of Tobacco-Victims who died after November 20, 1998. These groups are referred to in the QCAP Claim Forms as "**Successions**" collectively, and each individually, as a "**Succession**."

To be eligible to receive financial compensation, the Tobacco-Victim must meet **all** of the following QCAP Eligibility Criteria. They must:

1. reside in Quebec (or if deceased, have resided in Quebec at the time of their death);
2. have smoked a minimum of twelve pack-years of cigarettes sold by the Canadian Tobacco Companies **between January 1, 1950 and November 20, 1998**;

Note: You may use the calculator available at **www.TobaccoClaimsCanada.ca/en/HomePCC/Calculator** to help determine the number of cigarettes the Tobacco-Victim smoked.

3. have been diagnosed **before March 12, 2012** with:
   - **(a)** Primary lung cancer; or
   - **(b)** Primary cancer (squamous cell carcinoma) of the larynx, the oropharynx or the hypopharynx (throat cancer); or
   - **(c)** Emphysema or COPD (GOLD Grade III or IV).
4. have resided in Quebec on the date of diagnosis with lung cancer, throat cancer, emphysema, or COPD (GOLD Grade III or IV). **AND**
5. have been alive on **November 20, 1998**.

QCAP Claim Forms

A QCAP Claim Form must be completed and submitted to the Claims Administrator in order to receive financial compensation from the QCAP Plan.

There are two QCAP Plan Claim Forms:

The **Tobacco-Victim Claim Form** should be used if:

- You are a Tobacco-Victim, making a claim on your own behalf; or
- You are a Representative of living a Tobacco-Victim with a mandate or power of attorney to represent such individual.

The **Succession Claim Form** should be used if:

- You are the liquidator of the estate of a Tobacco-Victim;
- You are an heir of a Tobacco-Victim and the estate is closed;
- You have a mandate or power of attorney to represent the heir of a Tobacco-Victim;
- You are the heir of an heir of a Tobacco-Victim that would have been entitled to make a claim.

Claims Deadline

Your QCAP Claim Form, together with any required supporting documents, must be submitted to the Claims Administrator no later than 11:59 p.m., Eastern, on August 31, 2026.

How to File a Claim

You can file your Claim Form with supporting documents in any of the following ways:

- **Online**, through the Claims Administrator's website at **www.TobaccoClaimsCanada.ca**

  Email to **info@TobaccoClaimsCanada.ca**

- **Fax** to 1-866-262-0816

- **Registered Mail**, sent to the following address postmarked by August 31, 2026:

Tobacco Claims Canada
Claims Administrator
P.O. Box 2958 STN B
Ottawa ON K1P 5W9

Your claim will be deemed to be received **only when the Claim Form and any required supporting documents are received by the Claims Administrator**. Claimants will be sent an Acknowledgement of Receipt of Claim by email or mail once their Claim Form has been received by the Claims Administrator. You must keep the record of transmission of your Claim Form until you receive the Acknowledgement of Receipt of Claim.

PLEASE DO NOT SUBMIT YOUR CLAIM MORE THAN ONCE OR THROUGH MULTIPLE METHODS.

The PCC Compensation Plan and Eligibility Criteria

If the Tobacco-Victim **does not meet** the above QCAP Eligibility Criteria, they may still be eligible to receive compensation under a separate compensation plan called the Pan-Canadian Claimant Compensation Plan ("**PCC Compensation Plan**"). To qualify under the PCC Compensation Plan, the Tobacco-Victim must meet all of the following criteria. They must:

1. reside in any Province or any Territory of Canada (or if deceased, have resided in Canada at the time of their death);
2. have been alive on **March 8, 2019**;
3. have smoked a minimum of twelve pack-years of cigarettes sold by the Canadian Tobacco Companies **between January 1, 1950 and November 20, 1998**;

Note: You may use the calculator available at **www.TobaccoClaimsCanada.ca/en/HomePCC/Calculator** to help determine the number of cigarettes the Tobacco-Victim smoked.

4. have been diagnosed **between March 8, 2015 and March 8, 2019** (inclusive of those dates) with:

   (a) Primary lung cancer; or

   (b) Primary cancer (squamous cell carcinoma) of the larynx, the oropharynx or the hypopharynx (throat cancer); or

   (c) Emphysema or COPD (GOLD Grade III or IV).

   AND

5. have resided in any Province or any Territory of Canada on the date of diagnosis with lung cancer, throat cancer, emphysema or COPD (GOLD Grade III or IV).

A Tobacco-Victim will only be eligible for compensation under one plan and will be paid for the disease under the Plan which provides the highest amount of compensation to them. You cannot apply to both plans at the same time.

If you think you have a claim under the QCAP Plan, apply to the QCAP Plan, through the QCAP Agent (Proactio). The QCAP Agent (Proactio) will be able to verify if you also have a claim under the PCC Compensation Plan that could result in higher compensation for you, and if appropriate, will assist you to transfer your claim to the PCC Agent.

If you need any assistance in determining where to file, please contact the Claims Administrator.

Privacy and Confidentiality Declaration by the Claims Administrator

By submitting this Claim Form, the Tobacco-Victim or Representative of the Tobacco-Victim, as applicable, confirms that they have reviewed and agree to the collection, use, and disclosure of personal information as described below.

All personal information collected by the Claims Administrator through the Claims Process will be kept confidential in accordance with the Personal Information Protection and Electronic Documents Act, S.C. 2000, c. 5 and the Privacy Policy found on the Claims Administrator's website at www.TobaccoClaimsCanada.ca/en/Home/Privacy. This information is collected only for the purpose of administering the QCAP Plan and to assess the Claimant's eligibility to receive compensation.

The personal information of the Tobacco-Victim, including personal health information, may be collected, used, and disclosed by the Claims Administrator and the QCAP Agent (Proactio) to provide Agent and Claims Administration services. It will not be disclosed without the express written consent of Tobacco-Victim or Succession Claimant, except as provided for in the QCAP Plan, as required by law or Court Order, or if it is necessary to share with a future Court-appointed Claims Administrator in connection with the QCAP Claims Process. This information may not be used or disclosed for any other purpose.

For additional information, please visit the Claim Administrator's website at **www.TobaccoClaimsCanada.ca**.

PART 1: INFORMATION ABOUT THE TOBACCO-VICTIM

Important: Before completing this Claim Form, we strongly recommend that you read the instructions in Attachment A to avoid delays or rejection.

We also suggest that you reach out to the QCAP Agent (Proactio) for assistance with your claim.

The Tobacco-Victim

1) Tobacco-Victim's full legal name:

Last Name: First Name:

Middle Name (if applicable):

2) Tobacco-Victim's date of birth (YYYY-MM-DD):

3) Tobacco-Victim's Health Insurance Card Number (e.g., ABCD 1234 5678):

4) Did the Tobacco-Victim reside in Quebec on the date of diagnosis with primary lung cancer, primary squamous cell carcinoma of the larynx, oropharynx, hypopharynx (throat cancer), emphysema or COPD (GOLD Grade III or IV)?

❑ Yes ❑ No

5) Does the Tobacco-Victim currently reside in Quebec?

❑ Yes ❑ No

Representative of Tobacco-Victim

Please only fill out Question 6 and 7 if you are the Representative of a Tobacco-Victim. If you are the Tobacco-Victim, proceed to Question 8.

6) Full legal name of the Tobacco-Victim's Representative:

Last Name: First Name:

7) Mandate, Judgment, and/or Order pursuant to which the Representative is acting?

❑ Power of Attorney or Detailed Mandate (for represented Tobacco-Victims with capacity only)

❑ Protection Mandate or Mandate in case of Incapacity, homologated by a judgment

❑ Judgment ordering tutorship to the Tobacco-Victim

❑ Judgment ordering curatorship to the Tobacco-Victim (prior to November 1, 2022)

❑ Order naming a provisional administrator to the property of the Tobacco-Victim

A copy of the mandate, judgment, and/or order pursuant to which the Tobacco-Victim's Representative is acting must be attached and marked with the Tobacco-Victim's Health Insurance Card Number and the words "Representative's Mandate". If submitting your Proof of Claim electronically, please save the all documents in one PDF file and name the document "[Health insurance card number of the Tobacco-Victim]_Representative's Mandate.pdf".

Contact Information

Note: If you are the Tobacco-Victim, insert your mailing address and contact information. If you are the Representative of a Tobacco-Victim provide your own mailing address and contact information.

8) Provide your mailing address:

Number: | Street: | Apartment:

City/Town: | Province: | Postal Code: | Country:

9) Provide your contact information:

Phone: | Fax:

Email:

10) Which language should be used for communication?

❑ English ❑ French

PART 2: PROOF OF DIAGNOSIS

Diagnosis before March 12, 2012

1) Was the Tobacco-Victim diagnosed **before March 12, 2012** with any of the following diseases? For all that apply, indicate the date of diagnosis and the place where the Tobacco-Victim was resident on the date of diagnosis.

❑ **Primary Lung Cancer**

Date of diagnosis (YYYY-MM-DD):

Place of residence on date of diagnosis:

❑ **Primary squamous cell carcinoma of the larynx, oropharynx, or hypopharynx (Throat Cancer)**

Date of diagnosis (YYYY-MM-DD):

Place of residence on date of diagnosis:

❑ **Emphysema or COPD (GOLD Grade III or IV)**

Date of diagnosis (YYYY-MM-DD):

Place of residence on date of diagnosis:

Please note, in the case of recurrence or relapse, please indicate the initial date of diagnosis only.

2) Authorization to obtain Official Confirmation of Diagnosis:

I hereby authorize the Claims Administrator to obtain a copy of the Tobacco-Victim's medical information relating to the diseases/diagnoses referenced in Question 1 above, and authorize the PCC Agent, the QCAP Agent, MSSS and/or the RAMQ, as applicable, to provide the Claims Administrator with copies of any of the following:

- A confirmation of the Tobacco-Victim's diagnosis from the Quebec Cancer Registry;
- An extract from RAMQ files confirming the Tobacco-Victim's diagnosis;
- An extract from the MED-ÉCHO database confirming the Tobacco-Victim's diagnosis; and
- All other medical files relating to the Tobacco-Victim.

❑ **By checking this box, I authorize Tobacco-Victim's above-referenced medical information to be released to the Claims Administrator.**

If an official confirmation of disease/diagnosis cannot be made through these means, the Claims Administrator will contact you to request the submission of an alternative method of proof.

Do not submit any alternative evidence unless it has been explicitly requested by way of a Notice from the Claims Administrator titled "Notice to Provide Alternative Proof."

PART 3: PROOF OF SMOKING HISTORY

1) The Tobacco-Victim started smoking cigarettes:

- ❑ Before January 1, 1976;
- ❑ On or after January 1, 1976.

2) Between January 1, 1950 and November 20, 1998 the Tobacco-Victim smoked approximately _____cigarettes per day for approximately _____ years.

OR

3) If the number of cigarettes the Tobacco-Victim smoked varied between January 1, 1950 and November 20, 1998, provide a summary below of the number of cigarettes the Tobacco-Victim smoked during that period of time:

a) Smoked approximately _____cigarettes per day between (YYYY) _____and (YYYY) _____;

b) Smoked approximately _____cigarettes per day between (YYYY) _____and (YYYY) _____;

c) Smoked approximately _____cigarettes per day between (YYYY) _____and (YYYY) _____;

d) Smoked approximately _____cigarettes per day between (YYYY) _____and (YYYY) _____;

e) Smoked approximately _____cigarettes per day between (YYYY) _____and (YYYY) _____.

If more space is needed, attach additional sheet(s) to this Claim Form.

4) That I believe that the Tobacco-Victim regularly smoked the following brands of cigarettes. Check **all** that apply:

- ❑ **Accord**
  - Accord KF
- ❑ **Avanti/Light**
- ❑ **B&H**
  - B&H 100 Del.UL.LT/MEN
  - B&H 100 F
  - B&H 100 F Menthol
  - B&H Light Menthol
  - B&H Lights
  - B&H Special KF
  - B&H Special Lights KF
- ❑ **Belmont**
  - Belmont KF
- ❑ **Belvedere**
  - Belvedere Extra Mild
- ❑ **Camel**
- ❑ **Cameo**
  - Cameo Extra Mild
- ❑ **Craven "A"**
  - Craven "A" Special
  - Craven "A" Light
  - Craven "A" Ultra Light/Mild
- ❑ **Craven "M"**
  - Craven "M" KF
  - Craven "M" Special
- ❑ **du Maurier**
  - du Maurier Light
  - du Maurier Special
  - du Maurier Ultra Light
- ❑ **Dunhill**
  - Dunhill KF
- ❑ **Export**
  - Export "A"
  - Export "A" Lights
  - Export "A" Medium
  - Export "A" Extra Light
  - Export "A" Special Edition
  - Export "A" Ultra Light
  - Export Mild
  - Export Plain
- ❑ **LD**
- ❑ **Macdonald**
  - Macdonald Menthol
- ❑ **Mark Ten**
  - Mark Ten Filter
- ❑ **Matinee**
  - Matinee Extra Mild
  - Matinee Slims/Menthol
  - Matinee Special/Menthol
- ❑ **Medallion**
- ❑ **More**
- ❑ **North American Spirit**
- ❑ **Number 7**
  - Number 7 Lights
- ❑ **Peter Jackson**
  - Peter Jackson Extra Light KF
- ❑ **Player's**
  - John Player's Special
  - Player's Extra Light
  - Player's Filter
  - Player's Light
  - Player's Medium
  - Player's Plain
- ❑ **Rothmans**
  - Rothmans Extra Light
  - Rothmans KF
  - Rothmans Light
  - Rothmans Special
  - Rothmans UL LT KF
- ❑ **Select Special/Ultra Mild/Menthol**
- ❑ **Spirit**
- ❑ **Vantage**
  - Vantage KF
  - Vantage Light/Menthol
- ❑ **Viscount**
  - Viscount #1 KF
  - Viscount Extra Mild/Menthol
- ❑ **Winston**

PART 4: STATUTORY DECLARATION AND SIGNATURE

INSTRUCTIONS TO COMPLETE STATUTORY DECLARATION

You must sign the Statutory Declaration below:

I, _____, solemnly declare that the information provided on this Claim Form is true and correct, does not include false claims, and the documents submitted in support of my claim are genuine and have not been modified in any way whatsoever.

I make this solemn declaration conscientiously believing it to be true and correct and knowing that it is of the same force and effect as if made under oath.

Where someone has helped me with this Claim Form, that person has read to me everything they wrote and included with this Claim Form, if necessary to allow me to understand the content of this completed Claim Form and any attachments to it, and I confirm that this information is true and correct, and does not include false claims.

Dated this _____ day of _____ , 20____.

_____
Signature of Tobacco-Victim (or Representative)

ATTACHMENT A

TOBACCO-VICTIM CLAIM FORM INSTRUCTIONS

As a person who has suffered from lung cancer, throat cancer, emphysema or COPD (GOLD Grade III or IV), you are considered a "Tobacco-Victim" under the terms of the QCAP Plan.

This document is intended to assist you in completing the Tobacco-Victim Claim Form and assembling the supporting documentation required to prove your claim.

If you require any assistance completing your Claim Form, please call the QCAP Agent (Proactio) toll-free at 1-888-880-1844 or send an email to **tabac@proactio.ca** or visit the QCAP Agent (Proactio) website at **www.RecoursTabac.com**.

PART 1: INFORMATION ABOUT THE TOBACCO VICTIM

In **Question 1**, provide the Tobacco-Victim's full name.

In **Question 2**, provide the Tobacco-Victim's birth date.

In **Question 3**, provide the Tobacco-Victim's health insurance card number. This information is required to enable the Claims Administrator to make requests to the Ministry of Health and Social Services of Quebec ("**MSSS**") and Régie de l'assurance maladie du Québec ("**RAMQ**") for documents that will assist the Tobacco Victim Claimant proving the diagnosis and the date of diagnosis of the Tobacco-Victim's tobacco-related disease(s).

In **Question 4**, confirm whether the Tobacco Victim resided in Quebec on the date of diagnosis with primary lung cancer, primary squamous cell carcinoma of the larynx, oropharynx, hypopharynx (throat cancer), emphysema or COPD (GOLD Grade III or IV).

In **Question 5**, indicate whether the Tobacco-Victim currently resides in Quebec.

In **Question 6**, if you are the Representative of a Tobacco-Victim, provide your full legal name.

In **Question 7**, provide the type of mandate pursuant to which you are acting as the Representative of the Tobacco-Victim. You must attach a copy of the mandate, power of attorney or judgment with the Claim Form, marked with the words "Representative's Mandate", followed by the Tobacco-Victim's name on the front page of the document, and in the file name, if submitted electronically.

In **Questions 8** and **9**, provide your own mailing address and other contact information so that the Claims Administrator can communicate with you in respect of your claim. Note that the Claims Administrator will communicate with you by email, if an email address is provided. Please add the Claims Administrator's email address **info@TobaccoClaimsCanada.ca** to your list of contacts to ensure that correspondence in connection with your claim reaches your Inbox.

In **Question 10**, indicate your language of preference for communications from the Claims Administrator.

PART 2: PROOF OF DIAGNOSIS

To be eligible for compensation, the Tobacco-Victim must have been diagnosed **before March 12, 2012** with primary lung cancer, primary cancer (squamous cell carcinoma) of the larynx, oropharynx, hypopharynx, emphysema or COPD (GOLD Grade III or IV). These are the only diseases covered by the QCAP Plan.

In response to **Question 1**, indicate the disease(s) the Tobacco-Victim was diagnosed with, and for each, indicate the initial date of diagnosis. A recurrence or a relapse is not considered a primary cancer. In the case of a recurrence or relapse, only the initial diagnosis date should be indicated. Please note that the Tobacco-Victim Claimant will only receive compensation relating to the proven claim that entitles the Tobacco-Victim to the highest compensation.

If you do not recall the exact date of the Tobacco-Victim's diagnosis, please provide the most accurate estimate possible, as this information will be verified by the Claims Administrator.

If you need assistance, please contact the QCAP Agent (Proactio) at 1-888-880-1844 or send an email to tabac@proactio.ca or visit the QCAP Agent (Proactio) website at www.RecoursTabac.com.

In **Question 2**, you must provide your authorization for the QCAP Agent (Proactio) and the Claims Administrator to obtain medical information concerning the Tobacco-Victim from the sources listed therein for the purpose of confirming the diagnosis and the date of diagnosis of the disease(s) indicated in response to **Question 1**.

To facilitate the process of proving Tobacco-Victims' diagnoses for claimants, Class Counsel will request the official records, including from RAMQ, the MSSS, the Quebec Cancer Registry, and the MED-ÉCHO database. Both the QCAP Agent (Proactio) and the Claims Administrator will have access to this information.

If an official confirmation of disease/diagnosis cannot be made from these sources, the Claims Administrator will contact you to request that you submit an alternative method of proof. By way of example only, such proof may include:

- a copy of a pathology report which confirms that the Tobacco-Victim was diagnosed with Lung Cancer or Throat Cancer, as applicable, before March 12, 2012;
- a copy of a report of a spirometry test performed on the Tobacco-Victim before March 12, 2012, demonstrating a FEV1 (non-reversible) of less than 50% of the predicted value to establish a diagnosis of Emphysema or COPD (GOLD Grade III or IV);
- an extract from the Tobacco-Victim's medical records or a written statement of the Tobacco-Victim's Physician.

Do not submit any alternative evidence unless it has been explicitly requested from you by way of a Notice from the Claims Administrator entitled "Notice to Provide Alternative Proof."

If requested, when submitting your Alternative Proof electronically, please name the PDF document "[insert health insurance card number]-Alternative Medical Proof.pdf" as applicable.

PART 3: PROOF OF SMOKING HISTORY

In **Question 1**, you must confirm the Tobacco-Victim's smoking habits. You must indicate whether the Tobacco-Victim started smoking either: (a) before January 1, 1976; or (b) on or after January 1, 1976. The Quebec Courts reduced the tobacco companies' liability by 20% for Tobacco-Victims who started smoking after January 1, 1976 because the Courts determined that, by January 1, 1980, the dangers of contracting a disease from smoking were known to the public, and that it would have taken 4 years for an individual to become addicted to smoking. Thus, people who started smoking after January 1, 1976 are deemed to have been aware of the dangers of contracting a disease from smoking (the Courts also determined that the public was deemed to have knowledge as of March 1, 1996 that cigarettes were addictive). Consequently, Tobacco-Victims who started smoking after January 1, 1976 are entitled to compensation of 80%. These determinations by the Courts are final and cannot be appealed.

Please note that in order to be entitled to compensation, the Tobacco-Victim must have smoked 12 pack-years, or 87,600 cigarettes between January 1, 1950 and November 20, 1998.

A pack-year is 7,300 cigarettes, expressed in terms of daily smoking. For example, 12 pack-years equals:

- 20 cigarettes a day for 12 years (20 X 365 X 12 = 87,600); or
- 30 cigarettes a day for 8 years (30 X 365 X 8 = 87,600); or
- 10 cigarettes a day for 24 years (10 X 365 X 24 = 87,600).

It is not necessary for you to calculate the number of pack-years smoked by the Tobacco-Victim, as this calculation will be done by the Claims Administrator when reviewing the Claim Form.

If the Tobacco-Victim's smoking history can be easily expressed in terms of number of cigarettes smoked per day per year, then please fill out the requisite information in **Question 2**. If the Tobacco Victim's smoking history cannot be easily expressed in such terms, please provide a summary in **Question 3** describing the Tobacco-Victim's smoking habits between January 1, 1950 and November 20, 1998.

In **Question 4**, please check the boxes for all brands of cigarettes that the Tobacco-Victim smoked on a regular basis between January 1, 1950 and November 20, 1998. The brand choices listed include the "family" of those brands. For example, Player's includes Player's Light and Player's Filter, etc. The purpose of providing this information is to confirm that the Tobacco-Victim smoked cigarettes manufactured by the defendant tobacco companies.

PART 4: STATUTORY DECLARATION AND SIGNATURE

Please provide the Tobacco-Victim's name, the date and add your signature. By signing the Claim Form, the Tobacco-Victim or the Tobacco-Victim's Representative acknowledges that the information submitted is true and correct, does not include false claims, and that all supporting documents are authentic and have not been altered.